

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP)

Family and Consumer Sciences Endorsements

SAEP plans are approved for educators with level 2 licenses.

Transcripts must be attached to verify applicable course work

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #		
Home Address			City	State	Zip	Work Phone ()
Email Address						Home Phone ()
Current Teaching/License Status						
<input type="checkbox"/> Not Teaching OR Teaching at: (School)_____ (District)_____						
Educator License(s) held: <input type="checkbox"/> Elementary Education <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career and Technical <input type="checkbox"/> CTE/APP						

Check only one	<input type="checkbox"/> I am requesting the FACS endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$40.00 is enclosed. OR
	<input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the FACS endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$40.00, paid by my School District , is enclosed.

Family and Consumer Science Endorsement(s) For Which You Are Applying:	
<input type="checkbox"/> Advanced Interior Design	<input type="checkbox"/> Child Care
<input type="checkbox"/> Designer Sewing / Fashion Design	<input type="checkbox"/> Food Service / Culinary Arts

Employment Record Related to the endorsement area(s) for which you are applying – (<i>Exclude teaching experience</i>)									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:									
From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain Duties & Responsibilities:									
Total number of work experience related to the endorsement.		Employer evidence letters verifying your work expertise and experience <u>must</u> be submitted with this application.							

Education If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement with the appropriate coursework highlighted.							
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

References (Teaching and/or Employment)			
Name	Address	Position	Phone

Signature of Applicant	Date
X	
Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752 \$40.00 endorsement fee or \$40.00 SAEP fee must be included with this application (*see information above)	

----- **Information below to be completed by USOE personnel** -----

Endorsement Recommended	SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits _____ course credits _____ total credits
	FACS Specialist Signature _____ Date _____
	Endorsement Awarded
	FACS Specialist Signature _____ Date _____